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The Drug Information Booklet

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As a Company and society we face a major challenge posed by the use of illegal drugs and the abuse of legal drugs including alcohol. Drug abuse and chemical dependency can rob us of some our brightest contributors, tear apart families and destroy a youth's future.

It is estimated that upwards to 15% of the U.S. population may be dependent upon drugs while millions more are using and abusing them. A far greater number of people are affected because of their closeness and interactions with a substance abuser.

Digital, its employees and families are not immune from the impact of drug abuse. The Company sees the impact through lost productivity, lost potential, and rising drug-related health care costs.

A multi-faceted approach to these problems is needed. Societal norms cannot change over night but some community and media programs are beginning to show results.

Providing help to those who choose to avail themselves of help is one of our goals. Digital Employee Assistance Programs provide confidential help for employees and their families for a wide range of difficulties including drug-related problems.

Education and awareness is also a critical component in dealing pro-actively with the potential risks and dangers of drug use. The enclosed Drug Information Booklet, prepared by our Employee Assistance Program, is just a part of Digital's efforts in this area.

You might want to bring this Drug Information Booklet home and share it with your family and friends.

Kenneth H. Olsen
President

I. Preamble: Why We Are Writing This Booklet

Alcohol and drug abuse has become a major problem in our society in recent years. We realize that the subject of drugs makes many people uncomfortable. The truth is, however, that drugs are playing an increasingly greater role in our lives, since the problem of substance abuse affects not only the user, but co-workers and families as well.

The effects of drug and alcohol abuse are not limited to the health of the individual. They affect everyone. Drug and alcohol abuse are accountable for more accidents on and off the job. Over a period of time, drug and alcohol abusers experience problems in one or more areas of their lives: health, legal, financial or social. And as communications with family, friends and co-workers become more difficult, the abuser gradually feels more and more isolated.

Historically, society has focused on the young drug user. We know today that drug abuse can no longer be considered a teenage problem. People of all ages are using and abusing mood-altering chemicals in increasingly greater numbers. These mood-altering chemicals include alcohol and a whole range of substances, such as prescription medications, over-the-counter drugs and illegal substances.

Recognizing this fact, and in keeping with Digital's philosophy of concern for the health and well-being of its employees and their families, we are distributing this booklet on Drug and Alcohol Awareness.

Drug and alcohol dependency affects not only the user, but also his or her family, friends and co-workers. Because of their closeness with the substance abuser, these people become co-dependents. That is, they tend to possess the same feelings as the drug or alcohol abuser and may even exhibit some of the same behavior.

Many people began to use alcohol and/or other drugs in high school and college in the 1960s and 1970s, or had friends or relatives who were users. Some of these users and co-dependents are now facing the challenge of dealing with their children's use of drugs and/or alcohol. Because of the increased availability of drugs and growing popularity of alcohol, more and more people are exposed to their effects.

The purpose of this booklet is to provide you, your family and your friends with comprehensive information on the various forms of drugs and their effects, as well as resources available to you for prevention and treatment of drug or alcohol related problems. By increasing your awareness of drugs and their effects, we hope you will be able to make conscious, educated decisions about your own use of drugs.

Note: While this booklet attempts to be all inclusive and up-to-date, new synthetic drugs are being developed at an alarming rate. Therefore, it is impossible to write the final word on drugs, and this literature is by no means complete.

II. What Are Drugs?

Drugs are chemical substances, natural or synthetic, which can alter your body's functions, your behavior or your moods.

There are different kinds of drugs. There are prescription drugs, over-the-counter medicines and legal drugs such as alcohol. There are several categories of illegal drugs, and new designer drugs that are "look-alikes" or "act-alikes" and are on the border between legal and illegal.

In fact, there are so many drugs that can be obtained legally, either by prescription or over the counter, that many people don't think of them as dangerous. They are often unknowingly misused or abused with degenerative or debilitating effects.

There are also substances which are not drugs that people use for mood-altering effects, to give them a "high." These substances include gasoline, airplane glue, cleaning fluids, paint thinner and other solvents which are used as inhalants.

Those who deal in illegal drugs are constantly coming up with new, and often, more dangerous forms of drugs for their consumers. The public is made aware of these substances through the media. Some examples of these "new" drugs are "Crack," a free-based form or cocaine, and one that appeared a few years ago and is still being sold, "Angel Dust," PCP, originally used as an animal tranquilizer.

B. Why Do People Use Alcohol or Other Drugs?

Drugs are often prescribed to treat a medical problem. However, many people use drugs or alcohol to be sociable, to unwind, to reduce stress, to sleep, to wake up, to lose weight, to be a part of the crowd. Alcohol is used in some religions as part of the rituals, and in certain ethnic groups as part of their tradition. Children often imitate their parents in their use of drugs or alcohol, and alcohol has traditionally been used as a rite of passage to adulthood, with or without parental consent. Adolescents experiment with different kinds of behavior which often includes experimenting with drugs.

Also, many people self-medicate, using alcohol and other drugs, including over-the-counter drugs, as a way of avoiding physical pain, feelings of anxiety, worry, tension, hopelessness, grief or anger. Since these substances have the capacity to change the way people feel and think, "feeling no pain" is more than just an expression.

C. Why Do People Abuse Drugs?

People most often begin to abuse drugs unknowingly because they try to recapture the euphoria, the feeling of well-being, that the drug gave them when they first tried it. Since we are in the age of "extra strength," if one dose reduces the pain, two doses, or drinks, may be even better.

While abusers wish to recapture the euphoria, they seldom succeed. In fact, people who have recovered from alcoholism or drug addiction speak of their past misery, saying that they were never able to recapture the euphoria.

Some people use alcohol or drugs to feel "normal." When a drug is used for this purpose, it often becomes a person's "drug of choice," and represents a sign of dependence.

D. What Is Meant by Tolerance and Dependency?

Drug tolerance is a physical state which requires a person to take increasing larger amounts of alcohol or drugs to produce the same effect. Tolerance shows up in the chronic use of all addictive drugs and is believed to be the basis of "addiction" or "dependence."

Drug or alcohol dependency can be physical, psychological or both. A person is physically dependent on a drug when he or she uses it to feel normal. When it is withheld, a physically dependent person experiences withdrawal symptoms which can range from slight discomfort to death (see chart).

A person is psychologically dependent on a drug or alcohol when he or she uses it to feel secure or "in control" and normal. This is often a paradox in the addiction process. In other words, when people ingest alcohol or other drugs, the chemical takes control by its capacity to change one's thought processes. Withdrawal symptoms of a psychologically dependent person include irritability, anxiety, depression and sleep disorders such as insomnia or long periods of sleep.

Drug Booklet, Section III

III. Drugs and Their Effects

This section describes the various categories of drugs and their effects. Included in this section is a comprehensive drug chart, a listing of drug terminology and a diagram which shows the effects of taking alcohol with other drugs. This booklet does not contain information on other drugs, such as caffeine or nicotine, but focuses on those drugs which are significantly mood-altering.

No two people are exactly the same. Therefore, each person's reaction to a particular drug can be as individual as his or her personality, mood or environment. The effect of alcohol or a drug on an individual depends upon a number of factors: the amount taken, strength or purity of the drug, a person's body weight or size, method of administration, if it is taken alone or in combination with other drugs.

Drugs, including alcohol, taken in any amount, have the capacity to affect muscular coordination and sharpness of vision, as well as thought processes, such as decision-making. When a drug or alcohol user is under this influence, he or she has no perception of the extent of impairment. Therefore, a person who drives or operates machinery after using drugs risks injury to himself or herself and others. Research shows that a wide range of skills needed for safe driving are impaired for several hours after drugs are used, and long after the "high" is gone.

A. Alcohol

Alcohol is the most widely used drug. It is a toxic drug and a central nervous system depressant. This means when alcohol is ingested, it slows activity in the brain and nervous system. While alcohol in small doses acts as a tranquilizer on most people, others appear to be stimulated at first.

Ethyl alcohol, or ethanol, is contained in all alcoholic beverages in different concentrations. A 12-ounce can of beer, a 5-ounce glass of wine or a 1 1/2-ounce shot of whiskey all contain the same amount of alcohol.

Do you know your limits?

The following chart shows what your Blood Alcohol Concentration (BAC) will be in 2 hours, depending on your body weight. The information is to be used only as a guide, as each person's tolerance for alcohol also depends on his or her food intake, use of medication, and physical and psychological condition.

Body Weight (Lb)	Number of Drinks									
100	1	2	3	4	5	6	7	8	9	10
110	1	2	3	4	5	6	7	8	9	10
120	1	2	3	4	5	6	7	8	9	10
130	1	2	3	4	5	6	7	8	9	10
140	1	2	3	4	5	6	7	8	9	10
150	1	2	3	4	5	6	7	8	9	10
160	1	2	3	4	5	6	7	8	9	10
170	1	2	3	4	5	6	7	8	9	10
180	1	2	3	4	5	6	7	8	9	10
190	1	2	3	4	5	6	7	8	9	10
200	1	2	3	4	5	6	7	8	9	10
210	1	2	3	4	5	6	7	8	9	10
220	1	2	3	4	5	6	7	8	9	10
230	1	2	3	4	5	6	7	8	9	10
240	1	2	3	4	5	6	7	8	9	10

- ☐ **A BAC (Blood Alcohol Concentration) of less than .05** – Drive cautiously.
- ☐ **A BAC of .05 – .09** – Depending upon state laws, person may or may not be considered legally drunk. Impulsive behavior present at the lower end of the scale, and judgment and coordination seriously affected as the person approaches BAC .09.
- ☐ **A BAC of .01 or more** – Person now considered legally drunk. Overall condition severely impaired. Driving is out of the question.

Alcohol is immediately absorbed into the blood, having passed directly through the wall of the stomach and small intestine. The blood rapidly carries it to the brain. It circulates to every part of the body, including every vital organ. Alcohol is metabolized, or burned and broken down in the body, at a fairly constant rate.

The larger the person, the greater amount required to attain a given level of blood alcohol. In a 150-pound man, alcohol is burned at about the rate of one drink per hour. This also varies by individual, and because women's body chemistry differs from men's, they burn alcohol at a slower rate.

When a person drinks faster than the alcohol can be burned, it accumulates in the body, resulting in higher and higher levels of alcohol in the blood.

B. Sedative-Hypnotics and Depressants

Sedative-hypnotics are drugs which depress or slow down the body's functions. Often these drugs are referred to as tranquilizers and sleeping pills or sometimes just as sedatives. Both tranquilizers and sleeping pills can have calming or sleep-producing effects, depending on the dosage. At high doses, or when they are abused, many of these drugs can cause unconsciousness and death.

Barbiturates, such as Seconal and Nembutal, and tranquilizers such as Valium, Librium and Xanax are the two major categories of sedative-hypnotics. Tolerance and dependence can develop if barbiturates or tranquilizers are taken regularly over prolonged periods of time.

Barbiturate and tranquilizer overdose is a factor in nearly one-third of all reported drug-related deaths. These include suicides and accidental drug poisoning. Accidental deaths sometimes occur when a user takes one dose, becomes confused and unintentionally takes additional or larger doses. There is also less of a distinction between a dose that produces sleep and a dose that kills. Further, for an addict, barbiturate or tranquilizer withdrawal is more serious and life-threatening than heroin withdrawal.

Non-barbiturate sedative-hypnotics include: Quaaludes, Placidyl, chloral hydrate (Noctec) and Miltown. All sedative-hypnotics can be dangerous, whether prescribed by a physician or bought as street drugs.

Sedative-Hypnotic Designer Drugs

These are pills manufactured to look like real sedative-hypnotics and to mimic their effects. Sometimes look-alikes contain over-the-counter drugs such as antihistamines, which tend to cause excitement or sleeplessness, and decongestants, which tend to cause drowsiness. The negative effects can include nausea, stomach cramps, lack of coordination, temporary memory loss, feeling out of touch with one's surroundings and anxious behavior.

C. Stimulants

Stimulants refer to several groups of drugs that tend to increase alertness and physical activity. Some people use stimulants for weight control or to counteract the drowsiness or "down" feeling caused by sleeping pills, alcohol, Valium or Librium. This up/down cycle is extremely dangerous and hard on the body. Amphetamines, cocaine and caffeine are all stimulants.

Frequent use of large amounts of amphetamines, such as Benzedrine and Dexedrine, can produce brain damage that results in speech and thought disturbances. High blood pressure, kidney damage, stroke or other tissue damage may also occur. Drugs sold over the counter for weight control may contain adrenaline-like agents similar to amphetamines and may produce uncomfortable or dangerous side effects such as insomnia, headaches, palpitations and elevated blood pressure.

Designer Drugs as Stimulants

Look-alike and act-alike stimulants are drugs manufactured in private laboratories or homes by "kitchen chemists." They are designed to look or act like real amphetamines and mimic their effects. The drugs usually contain varying amounts of caffeine, ephedrine and phenylpropanolamine. These three legal substances are weak stimulants and often are found in over-the-counter preparations, such as diet pills and decongestants. The act-alikes are manufactured to avoid state laws that prohibit look-alikes but do not physically resemble any prescription or over-the-counter drugs.

There have been several reports of severe high blood pressure, leading to cerebral hemorrhaging and death in people who have taken these "designer drugs" in large quantities. Because they cause serious physical illness, look-alike overdose cases are often misdiagnosed by emergency medical facilities and poison control centers. This can cause a problem in determining the proper treatment.

One of the greatest dangers of look-alikes and act-alikes is that these drugs are easily available on the street and through the mail. They are sold as "speed" and "uppers" to people who do not normally abuse drugs, and who are told that they are legal, safe and harmless. This is one reason they are being increasingly abused. Once people start using these drugs, they may be at high risk for developing dependencies and use of other stimulants.

D. Cocaine

Cocaine in its pure form is a white crystalline powder extracted from the leaves of the South American coca plant. The drug sold on the street is a mixture of the pure substance (cocaine hydrochloride) and various adulterants that increase the hazards of taking an already risky drug because the user cannot monitor the dosage or purity of the drug taken. The cocaine that ends up in the hands of the consumer ranges widely from 30 percent to 95 percent pure.

The use of cocaine is risky in all forms, but smoking free-based cocaine such as "Crack" increases the risk of dependence because very large doses reach the brain within seconds. Cocaine exerts its effect by acting directly on the reward or pleasure centers of the brain. This brain action produces an intense desire to experience the effects of cocaine again and accounts for the development of compulsive use beyond the control of the user. Other risks include confusion, slurred speech, anxiety and serious psychological problems.

Injecting cocaine carries the additional hazards of serious infection and possible adverse reactions to the impure injected mixture. When "snorted," even small amounts of cocaine in sensitive individuals may be enough to cause convulsions that can result in respiratory and cardiac arrest.

Cocaine is an extremely dangerous and highly addictive drug. Occasional use of cocaine can lead very quickly to heavy, uncontrollable use of the drug. Regular users of cocaine report feelings of restlessness, irritability and anxiety. Sometimes people who have been using cocaine over a period of time continue to use it just to feel "normal," or to avoid the severe depression and fatigue that occurs when they try to stop using the drug. Severe dependence leads to the development of cocaine psychosis and paranoia.

Cocaine exerts such an influence over users that in laboratory studies, animals given free access to various mood-altering drugs will inject only cocaine to the point of death, and select cocaine instead of food and water.

Crack

Crack, sometimes called "Rock," is the street name for a more purified (free-based) form of cocaine that is smoked. Crack may be as much as 90 percent pure, and is five to six times stronger than the cocaine normally purchased on the street. Crack is sold in small plastic vials and is in the form of small white, gray or beige chunks that can be smoked in a pipe, or added to a marijuana or tobacco cigarette.

Smoking crack brings the vapors directly into the lungs, where they are immediately absorbed into the bloodstream and large doses of the drug are carried to the brain in a highly concentrated form. It is the most dangerous way to take the drug, since it produces a rapid and intense reaction that can lead to serious psychological and physical problems.

Because of the large doses of the drug that are taken into the bloodstream and the brain, smoking Crack increases the chance of cocaine overdose or cocaine poisoning. Symptoms of both include nausea, vomiting, irregular breathing, convulsions, coma and death.

Crack is an extremely seductive drug which initially gives the user feeling of self-confidence, power and exhilaration. A rapid and intense high lasts about five to seven minutes followed by severe depression, feelings of worthlessness and a craving for more of the drug. After using Crack for a short period of time, tolerance develops and the drug causes paranoia, irritability and other problems. Some users become violent or suicidal, primarily as a result of the paranoia and depression that can come with regular use. In a brief period of time, the drug begins to control the user, rather than the user the drug. This is the pattern of behavior that leads to addiction and dependence.

Cocaine "Look-alikes"

Cocaine look-alikes contain ingredients that are legal and may also appear as impurities in samples of street cocaine. Substances which are used to "cut" or dilute cocaine include household items such as flour, baking soda, talc and sugar. Local anesthetics, caffeine and other chemicals are also sold as substitutes.

E. Marijuana

Marijuana is the common name for a crude drug made from the plant cannabis sativa. The main mood-altering (psychoactive) ingredient in marijuana is THC (Delta-9 tetrahydrocannabinol), but more than 400 other chemicals are in the plant. Marijuana is made from the dried particles of the plant. The amount of THC in the marijuana determines how strong its effect will be.

The strength of today's marijuana is as much as ten times greater than the marijuana used in the early 1970s. This more potent marijuana increases physical and mental effects and the possibility of health problems for the user.

Hashish is made by taking the resin from the leaves and flowers of the marijuana plant and pressing it into cakes or slabs. Hash is usually stronger than crude marijuana and may contain five to ten times as much THC. Hash oil may contain up to 50 percent THC. Pure THC is almost never available, except for research. Substances sold as THC on the street often turn out to be something else, such as PCP, Angel Dust.

When marijuana is smoked, THC is absorbed by most tissues and organs in the body. Urine tests can detect TCC metabolites for up to six weeks after people have smoked or passively inhaled marijuana.

Scientists believe that marijuana is especially harmful to the lungs because users often inhale unfiltered smoke deeply and hold it in their lungs as long as possible. Therefore, the smoke is in contact with lung tissues for long periods of time, which irritates the lungs and may cause damage.

Marijuana smoke contains more cancer-causing agents than tobacco smoke. Laboratory tests suggest that it is likely marijuana may cause cancer if used for a number of years.

A common bad reaction to marijuana is the acute panic anxiety reaction. People describe this reaction as an extreme fear of "losing control," which causes panic. The symptoms usually disappear in a few hours. Flashbacks can occur after repeated use of marijuana or hashish: the user experiences a drug's effects without having taken the drug. Flashbacks can also induce a panic reaction. Users report that memory deficits such as "tip of the tongue syndrome" return long after they have stopped using the drug.

F. Hallucinogens and PCP

Hallucinogens, or psychedelics, are drugs that affect a person's perceptions, sensations, thinking, self-awareness and emotions. Some hallucinogens come from natural sources, such as mescaline from the peyote cactus. Others, such as LSD, are synthetic. Adulteration of hallucinogens with other drugs is a common practice in the drug culture. Street samples of hallucinogens frequently contain large amounts of strychnine or amphetamines, which shorten the onset time, prolong the duration and increase the intensity of the psychedelic experience. Amphetamines also increase the level of anxiety accompanying the experience. Thus, it is difficult to predict the precise effects of any street drug based on the compound the user thinks he or she has ingested.

LSD is one of the most potent mood-changing chemicals. It is odorless, colorless and tasteless. LSD is sold on the street in tablets, capsules and occasionally in liquid form. Often it is added to absorbent paper, such as blotter paper, and divided into small, decorated one-dose squares.

Mescaline comes from the peyote cactus and although it is not as strong as LSD, its effects are similar. Mescaline is usually smoked or swallowed in the form of capsules or tablets.

Psilocybin comes from certain species of mushrooms. It is sold in tablet or capsule form so people can swallow it. The mushrooms themselves may be eaten either fresh or dried.

DMT is another psychedelic drug that acts like LSD, but lasts only an hour. Ineffective if swallowed, DMT is usually mixed with tobacco or marijuana and smoked or inhaled as snuff.

The effects of psychedelics are unpredictable. Besides the physical effects from psychedelics, sensations and feelings change, too. The user may feel several different emotions at once or swing rapidly from one emotion to another. The person's sense of time and self change as well. Sensations may seem to cross over, giving the user the feeling of "hearing" colors and "seeing" sounds.

Bad psychological reactions to LSD and similar drugs are common. The user may experience panic, confusion, suspicion, anxiety, helplessness and loss of control. The scary sensations may last a few minutes or several hours. They may be mildly frightening or terrifying. Sometimes taking hallucinogens such as LSD can mask mental or emotional problems that were previously unknown to the user. Flashbacks similar to those experienced by marijuana users can occur.

Heavy users of LSD sometimes develop strong or subtle signs of organic brain damage, such as impaired memory and attention span, mental confusion and difficulty with abstract thinking. It is not yet known whether such mental changes are permanent or if they disappear when LSD use is stopped.

Hallucinogens are very dangerous because they are unpredictable. One "trip" may feel good. Another trip may be disastrous. There may be exhilaration and withdrawal from reality, or panic and suicidal feelings. Normal judgments are distorted, so there is a great danger of bodily injury to self and others.

PCP (Phencyclidine), most often called "Angel Dust," was originally used as a horse tranquilizer. It is sometimes considered an hallucinogen because it has some of the same effects. However, it does not fit easily into any one drug category because it also can relieve pain or act as a stimulant.

PCP is available in a number of forms. It can be a pure, white crystalline powder, tablet or capsule. It can be swallowed, smoked, sniffed or injected. PCP is sometimes sprinkled on marijuana or parsley and smoked, and is often sold with cocaine.

PCP users can never be sure what they are buying since it is manufactured illegally and is often sold as cocaine, mescaline, THC or other drugs. Sometimes it may not even be PCP, but a lethal by-product of the drug. Taking large amounts of PCP can cause death from repeated convulsions, heart and lung failure or ruptured blood vessels in the brain.

PCP often produces violent or bizarre behavior. This behavior can lead to death from drowning, burns, falls and automobile accidents. Regular PCP use affects memory, perception, concentration and judgment. Users may show signs of paranoia, fearlessness or anxiety. During these periods, some users may become aggressive while other may withdraw and have difficulty communicating. A temporary mental disturbance, or a disturbance of the user's thought processes (PCP psychosis) may last for days or weeks.

For many users, PCP changes how they see their own bodies and things around them. Speech, muscle coordination and vision are affected, sense of touch and pain are dulled and body movements are slowed. Time seems to "space out."

G. Opiates

Opiates, or narcotics, are a group of drugs which are used medically to relieve pain, but have a high potential for abuse. Some opiates come from a resin taken from the seed pod of the Asian poppy. This group of drugs includes opium, morphine, heroin and codeine. Other opiates, such as Demerol and Darvon are synthesized.

Opium appears as dark brown chunks or as a powder and is usually smoked or eaten. Heroin can be a white or brownish powder which is usually dissolved in water and injected. Most street preparations of heroin are diluted, or "cut," with other substances such as sugar or quinine. Other opiates come in a variety of forms including capsules, tablets, syrups, solutions and suppositories.

Heroin accounts for 90 percent of the opiate abuse in the United States. Sometimes opiates with legal medicinal uses are also abused. They include morphine, Demerol (meperidine), paregoric, percodan and cough syrups that contain codeine.

Methadone is a synthetic drug that does not produce the same "high" as illegal drugs such as heroin, but does prevent withdrawal and often prevents the craving to use other opiates. It is often a successful treatment for opiate dependence because it breaks the cycle of dependence on illegal drugs such as heroin. When patients are in treatment and receive methadone, they are not inclined toward criminal activities.

Patients in methodone maintenance programs also receive counseling, vocational training and education to help them reach their goal of a drug-free normal life. Methadone, however, is an addictive drug and its use in maintenance programs is controversial.

H. Inhalants

Inhalants are breathable chemicals that produce psychoactive (mind-altering) vapors. People do not usually think of inhalants as drugs because most of them were never meant to be used for that purpose. They include solvents, aerosols, some anesthetics and other chemicals. Amyl nitrate and butyl nitrite are inhalants that are also abused.

Amyl nitrate is a clear, yellowish liquid that is sold in a cloth-covered bulb. When the bulb is broken, it makes a snapping sound; thus they are nicknamed "snappers" or "poppers." Amyl nitrate is used for heart patients and for diagnostic purposes because it dilates the blood vessels and makes the heart beat faster and as an antidote for certain types of chemical poisoning.

Butyl nitrite is packaged in small bottles and sold under a variety of names, such as "locker room" and "rush." Young people, especially between the ages of 7 and 17, are more likely to abuse inhalants, partly because they are readily available and inexpensive. Sometimes children unintentionally misuse inhalant products that are often found around the house. Parents should see that these substances, like medicines, are kept away from young children.

Although different in makeup, nearly all of the abused inhalants produce effects similar to anesthetics, which slow down the body's functions. At low doses, users may feel slightly stimulated; at higher doses, users may feel less inhibited, less in control, and judgment is affected. Using inhalants in high doses can cause nausea and vomiting and loss of consciousness.

Sniffing highly concentrated amounts of solvents or aerosol sprays can cause death, even the first time. And if a person is unconscious when vomiting occurs, death can result from aspirating vomit into the lungs. Death by suffocation can occur when high concentrations of inhalants displace the oxygen in the lungs. Inhalants can also cause death by depressing the central nervous system so much that breathing slows down until it stops. Inhalation of most solvents may cause serious liver and kidney disease.

I. Over-the-Counter Drugs

There are over half a million over-the-counter preparations. While most of these drugs are harmless when taken as directed, many of them have the potential for misuse or abuse, leading to physical and/or psychological dependence.

Most of us get our information from advertisements, and have limited knowledge of the dangers of the substances contained in over-the-counter drugs. Aspirin (known as salicylates) is the most used and abused drug; other pain-relievers containing acetaminophen are also heavily abused.

Many over-the-counter drugs sold for the relief of indigestion (with the exception of antacids), constipation, allergies, motion sickness, insomnia and the common cold contain substances such as anticholinergics and antihistamines (sedative/hypotics). Side effects of these substances include dizziness, nausea and confusion. Laxative abuse is common in people with eating disorders, and while not physically addictive, there is a danger of psychological addiction and medical complications. Products sold for weight control may contain stimulants such as phenulpropanolamine and local anethestic, such as benzocaine.

As with any drug, over-the-counter preparations should not be combined with other drugs or with alcohol. It is important to read the labels on all over-the-counter drugs. If the ingredients are not listed, you should avoid buying the product.

Intravenous Drug Use

Of all the ways drugs can be administered, intravenous injection is chosen last. As in all instances of drug dependency, those who inject drugs are not all street people or criminals. Many of these users are among the workforce, and appear to their co-workers as functioning normally.

Regardless of the drug used, medical complications can arise from intravenous drug use. Skin abscesses, infections from unsterile solutions, syringes and needles can cause illnesses such as liver disease, tetanus, serum hepatitis and Acquired Immune Deficiency Syndrome, AIDS.

Effects of Drugs on Sexual Response and the Human Reproductive System

Although some drugs tend to loosen inhibitions, none of them act as aphrodisiacs. That is, they do not intensify sexual desires. In fact, some drugs, such as alcohol an opiates, tend to reduce sexual responsiveness. Sedative-hypnotics slow down all of the body's functions, including sexual responses.

Studies of men and women who use marijuana have shown that this drug may influence levels of some hormones relating to sexuality. Women may have irregular menstrual cycles, and both men and women may have a temporary loss of fertility. These findings suggest that marijuana may be especially harmful for adolescents, who are in a period of rapid physical and sexual development.

Males who develop a drug or alcohol dependency often become impotent, but this condition is usually reversed once the person stops using drug(s) for a period of time.

Taking Drugs or Alcohol During Pregnancy

Some studies suggest that even small amounts of alcohol may be harmful during the first two or three months of pregnancy and during certain critical periods of development. Alcohol reaches the fetus through the placenta, so when a pregnant woman drinks, so does her baby.

The link between heavy drinking and birth defects has been clearly established. These birth defects include low birth weight, abnormalities and some behavioral problems. The more severe defects of Fetal Alcohol Syndrome include physical and mental growth deficiencies, abnormalities of eyes, lips, etc., and more serious behavioral problems. Research suggests that the alcohol level of some of the fetal tissues may be higher that in the mother. This is because newborns do not have fully developed enzyme systems to process and metabolize the alcohol as rapidly as their mothers do.

Alcohol is also passed from the mother to the baby during breast feeding. Women should be cautious about drinking while they breast feed as well.

Low birth weight is a frequent occurrence in drug-dependent mothers, and has a high correlation with infant mortality and developmental deficiencies. Many sedative-hypnotics pass through the placenta easily and have caused birth defects and behavioral problems in babies born to women who abused drugs during their pregnancies. Babies born to mothers who abuse sedatives during pregnancies may be physically dependent on the drugs and show withdrawal symptoms shortly after they are born. Their symptoms may include breathing problems, feeding difficulties, disturbed sleep, sweating, irritability and fever.

Marijuana, which also crosses the placental barrier, may have a toxic effect on embryos and fetuses. Compared to nonusers, women who use marijuana during pregnancy deliver smaller infants who are five times more likely to have features considered comparable to infants with fetal alcohol syndrome. Studies have shown that THC can be transmitted to a baby through the mother's milk and traces of THC have been found in the baby's feces after nursing.

Researchers estimate that nearly half of the women who are dependent on opiates suffer anemia, heart disease, diabetes, pneumonia or hepatitis during pregnancy and childbirth. They have more spontaneous abortions, breech deliveries, caesarean sections, premature births and stillbirths. Infants born to these women often have withdrawal symptoms which may last several weeks or months. Many of these babies die.

Recent studies show that women who use cocaine during pregnancy report a higher rate of spontaneous abortions than nonusers. Cocaine use may cause premature labor. It increases the heart rate and blood pressure of the mother and narrows the blood vessels, limiting the supply of oxygen and nutrients to the fetus. This can lead to learning disabilities, motor problems and interpersonal problems for the child.

IV. Seeking Treatment and Assistance

There are a number of resources available for employees who are concerned about alcohol or drug abuse, be it their own, a co-worker's or a family member's problem. In Digital, the Employee Assistance Program is available to all employees and their families, and many sites also have Health Services Departments. A listing of other resources is at the end of this section.

A. Employee Assistance Program

As noted in the beginning of this booklet, we all feel the impact of an individual's use of drugs or alcohol. The Employee Assistance Program (EAP) is designed to be a confidential resource for Digital employees and their families, which provides assistance for a wide range of problems, including legal concerns, family problems and emotional distress. If you have any questions concerning chemical dependency, whether it is your own or that of a friend or relative, feel free to call or stop by the EAP office in your area for information. Anyone contacting the program will be treated as an individual with individual needs. The employee will have the opportunity to speak openly and confidentially with experienced professional counselors who can offer support and understanding and give professional guidance.

Digital recognizes that personal problems such as physical or emotional difficulties, the illness of alcoholism, problem drinking or other drug use may affect an employee and his or her family's health or well-being. EAP makes available the kinds of professional services and referrals needed to help resolve many of these problems and situations.

Employee Assistance though is not designed to provide "treatment." EAP counselors are available to help an employee sort out the problem on a very short-term basis. When indicated, referrals will be made to community agencies, but the employee makes the decision to accept or reject the recommendation.

Employees who ignore serious personal problems may already be hurting their reputations and careers, although they may not be aware of it. An individual who recognizes that he or she may be having a problem with drugs or alcohol and chooses the evaluate it has taken positive steps toward solving it. Participation in the EAP will not jeopardize future opportunities or an employee's reputation. Ultimately, an employee is judged on job performance and is expected to adhere to the work rules.

Preliminary evaluation and referral by the EAP will be provided at no charge to an employee. Referrals for health-related problems are reimbursed in accordance with a participant's health benefits plan as is the case for other illnesses.

Appointments with an EAP counselor may be scheduled by calling your local EAP office directly or by calling the Corporate Office for the name of the program which services your site or area. The DTN for the Corporate Office is 223-4439 or outside Digital, 508-493-4439.

B. Health Services

Most Digital facilities have Health Services departments staffed by registered nurses. Health Services personnel are trained for any drug-related emergency and provide care to employees for all occupational injuries and illnesses. They also provide health education, preventive care services and referral information to employees as needed.

C. Resources Outside the Company

Assistance and information can be obtained from public and private health agencies, substance abuse centers and detoxification centers. These facilities are staffed by professionals who can answer your questions about drugs and treatment or refer you to the appropriate resource.

Self-help groups exist in virtually every community, and can be reached through the White Pages in the telephone directory or by checking local newspapers for meeting times. These groups, such as Alcoholics Anonymous, Narcotics Anonymous, Cocaine Anonymous and Adult Children of Alcoholics have proven to be successful, whether used alone or in conjunction with counseling.

There are also self-help groups for families of chemically dependent people, such as Al-Anon, Alateen and Families Anonymous. Co-dependents (families and friends) are welcome in these groups whether or not the abuser is in treatment.

Recovery from Alcohol or Drug Dependence

We want to emphasize that alcohol or other drug dependencies are treatable illnesses. With proper treatment, recovery is possible, and very probable. Of the Fortune 500 companies with Employee Assistance Programs, the average reported recovery rate is close to 80 percent. For most people suffering from chemical dependency, seeking assistance is a difficult but important first step. For family and friends of chemically dependent individuals, seeking assistance for themselves is equally difficult, but a critical first step is being able to help the dependent person.

NOTE: We hope this booklet will be helpful to you, your family and your friends. We welcome your comments and feedback.

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NATIONAL RESOURCE DIRECTORY

Alcohol

Alcoholics Anonymous
P.O. Box 459
Grand Central Station
New York, NY 10163
(212) 473-6200

Al-Anon Family Group Headquarters
P.O. Box 862
Midtown Station
New York, NY 10018-0862
(212) 307-7240

National Clearinghouse for Alcohol Information
P.O. Box 2345
Rockville, MD 20852
(301) 468-2600

National Council on Alcoholism, Inc.
733 Third Ave.
Suite 1405
New York, NY 10017
800-NCA-CALL

Drugs

American Council for Drug Education
204 Monroe Street
Rockville, MD 20850

Narcotics Anonymous
Work Services Office
16155 Wyandotte
Van Nuys, CA 91406
(818) 780-3951

Drug Enforcement Administration
Public Affairs Office
1405 I Street N.W.
Washington, DC 20537
(202) 633-1469

National Clearinghouse for Drug Abuse Information
5600 Fishers Lane, Room 10A43
Rockville, MD 20857
(301) 443-6500

National Institute on Drug Abuse
Cocaine Hotline: 1-800-662-HELP

Families

National Association of Children of Alcoholics
31706 Coast Highway
South Laguna, CA 92677

Families Anonymous
P.O. Box 528
Van Nuys, CA 91408
(818) 989-7841

National Federation of Parents for Drug-Free Youth
8730 Georgia Ave.
Suite 200
Silver Springs, MD 20910
1-800-554-KIDS

Parents Resource Institute for Drug Education (PRIDE)
Robert W. Woodruff Bldg.
100 Edgewood Ave.
Suite 1216
Atlanta, GA 30303
1-800-241-7946

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	DRUGS	PRESCRIBED BRAND NAMES	COMMON STREET NAMES	MEDICAL USE	DEPENDENCE POTENTIAL PHYSICAL	DEPENDENCE POTENTIAL PSYCHOLOGICAL	METHOD OF TOLERANCE	METHOD OF ADMINISTRATION	DURATION OF EFFECTS	POSSIBLE EFFECTS	EFFECTS OF OVERDOSE	WITHDRAWAL SYMPTOMS	EFFECTS OF EXTENDED USE
Cannabis	Marijuana, Hashish Hash oil	None	Bhang, Kif, Gangja, Dope, Grass, Pot, Smoke, Hemp, Joint, Weed, Bone, MaryJane, Herb	Relief of nausea – side effects of chemotherapeutic agents in cancer patients Glaucoma			Yes	Smoked	2–4 hrs.	• Euphoria • Relaxed inhibitions • Increased appetite • Disoriented behavior • Mild stimulant • Tranquilizer	• Panic reactions • Paranoid ideation • Fatigue • Possible psychosis	Possible Effects *Upon Cessation* • Hyperactivity • Insomnia • Decreased appedite • Anxiety	Thought disorders, hormone imbalance, sinusitis, bronchitis, emphysema, possible lung cancer, lethargy, short term memory loss
Opiates and Narcotics	Opeium	Dover's Powder, Paregoric	Dope	Analgesic, Antidiarrheal	High	High	Yes	Oral, smoked	3–6 hrs.	• Drowsiness • Euphoria • Apathy • Difficulty in concentration • Nausea and vomiting • Respiratory depression • Slowed speech • Pupils contracted • Decreased physical activity • Track marks • Drooling • Nodding • Lack of pain • No motor ataxia • Warm flushing of skin sensations in lower abdomen ("rush") Orgasm • Spontaneous orgasm • Itching dilation of the blood vessels	• Slow and shallow breathing • Clammy skin • Pupils contracted • Depressed levels of consciousness • Hypotension with rapid heartbeat sometimes present • Wheezing • Convulsions • Coma • Death • Syndrome "X" • Drug or cutting agent increased sensitivity to drug or cutting agent	*8–12 hours* • Sweating • Nausea • Anxiety • Secretion of tears • Yawning • Irritability • Pupils dilated *12–48 hours* • Vomiting • Anorexia • Gooseflesh • Sneezing • Abdominal spasms • Diarrhea • Chills • Flushing • Yawning – more intense • Elevated temperature, pulse, respirations, & blood pressure • Lower back pain, pain neck & extremities • Weight loss • Dehydration • Acid/base imbalance • Depression	Infections of the heart lining & valves, skin abscesses, congested lungs, Tetanus, Serum hepatitis, Death
	Morphine	Morphine	Miss Emma	Analgesic	High	High	Yes	Injected, smoked	3–6 hrs.				
	Heroin	None	H, Junk, Smack, Scag, Horse, Stuff	None	High	High	Yes	Injected, sniffed	3–6 hrs.				
		Percodan	Perks	Antidiarrheal	High	High	Yes	Oral, injected	3–6 hrs.				
		Dilaudid	DL's, 4's	Antidiarrheal									
		Codeine		Moderate Pain	Moderate	Moderate	Yes	Oral, injected	3–6 hrs.				
		Demerol		Analgesic,	High	High	Yes	Oral, injected	3–6 hrs.	Same	Same	Begins within 3 hours peaks 8–12; few symptoms remain after 4–5 days Muscle twitching worse	
	Methadone	Dolophine, Methadone	Dollies, 'Done	Analgesic, Heroin substitute	Moderate	Moderate	Yes	Oral, injected	3–6 hrs.	Same as short acting – onset longer and less dramatic	Same	More slowly developed Prolonged, less intense No symptoms until 24–48 hours after last dose	
	Pain Relievers	Darvon Darvocet	N's, Comps	Moderate Pain Relief	High	High	Yes	Oral, injected	3–6 hrs.	Similar to morphine	• Delusions, • Hallucinations and confusion • Pulmonary edema	• Mild abstinence • Pneumonia	• Toxic psychosis – delusions, hallucinations, confusion
		Talwin	T's	Moderate Pain Relief	High	High	Yes	Oral, injected	3–4 hrs.	• Side effects differ somewhat – sweating, sedation, dizziness, lightheaded nausea, vomiting less common	• Marked respiratory depression • Increased blood pressure • Tacycardia	Similar to narcotics but milder • Abdominal cramps, anxiety, chills, increased temperature, vomiting, sweating, lacrimation • Drug seeking behavior • NOTE: Antagonistic actions a well as sedation	Same as above
Inhalants	Amyl nitrite		Snappers, poppers	Heart pts.	Degree Unknown	Moderate	Yes	Inhaled	5–30 minutes	*Varied* • Mild intoxication • Disorientation • Acute and severe pulmonary crisis		Unknown	• Toxicity to various organ systems • Possible damage to bone marrow, kidney, liver and brain • Psychosis • Diseases of nervous system Weight loss
	Butyl nitrite		Locker room, Rush		Degree Unknown	Moderate	Yes	Inhaled	5–30 minutes				
	Airplane glue, nail polish remover, aerosols, solvents		Fumes	None	Degree Unknown	Moderate	Yes	Inhaled	5–30 minutes				

Continued

	DRUGS	PRESCRIBED BRAND NAMES	COMMON STREET NAMES	MEDICAL USE	DEPENDENCE POTENTIAL PHYSICAL	DEPENDENCE POTENTIAL PSYCHOLOGICAL	METHOD OF TOLERANCE	METHOD OF ADMINISTRATION	DURATION OF EFFECTS	POSSIBLE EFFECTS	EFFECTS OF OVERDOSE	WITHDRAWAL SYMPTOMS	EFFECTS OF EXTENDED USE
PCP	PCP	None	Angel Dust, Rocket Fuel, Super Weed	Veterinary Anesthetaic	Degree Unknown	Yes, but degree unknown	Yes	Oral, smoked, sniffed, injected	4–6 hrs.	*Physiological* • Eye jerking • Increased blood pressure • Sweating • Nausea • Numbness • Floating sensation • Relaxation • Warmth and tingling • Increased heart rate • Lethargy • Slowed reflexes *Cognitive:* • Altered body image • Altered perception • of time and space	Coma • Mild, moderate or severe stupor, Hallucinations, delusions, bizarre behavior, Disorientation, Violence	Syndrome not reported – Degree Unknown	• Impaired immediate and recent memory • Decreased concentration • Paranoid thoughts • Delusions • Disordered and confused thoughts *Behavior:* • Blank staring • Catatonic immobility • Uncharacteristic violence
Hallucinogens	LSD	None	Acid	None	None	Degree Unknown	Yes	Oral, injected	8–12 hrs.	Common Objective Effects • Nausea, chills (early) • Pupil dilation • Increase deep tendon reflexes • Increase pulse, temperature, and blood pressure • Mild dizziness • Tingling, trembling • Slow deep breathing • Loss of appetite • Insomnia	Common Subjective Effects PERCEPTUAL CHANGES: • Fascination or enchantment with ordinary objects • Heightened esthetic response to color, texture spatial arrangements, contours, music • Heightened body awareness, vision, depth, distortion, afterimages • Physiognomies • Slowing of time EMOTIONAL CHANGES: • Heightened sensitivity to faces, gestures • Feelings magnified – love, lust, hate, joy, anger, pain, terror, despair, etc. • Experience two incompatible emotions simultaneously • Fear of losing control. paranoia, panic • Euphoria, bliss • Impairment short term memory • Introspective reflection • Profound changes in sense of self THOUGHT: • Regression • Projection of self into dreamlike images • Experiences of birth, death, and incarnation • Encounters with gods and demons • Identification with animals	Not reported	Behavioral symptoms suggesting organic brain damage, flashbacks, impaired memory, mental confusion, difficulty with abstract thinking. Possible chromosome damage. Longer, more intense "trips."
	Mescaline		Cactus, Mesc	None	None	Degree Unknown	Yes	Oral	8–10 hrs.	• Resembles LSD • Bitter and nauseating • Vomiting (peyote buttons) • More intense autonomic symptoms than LSD	• Similar to LSD • More sensual and perceptual • Less change in thought, mood, and sense of self	Not reported	
	Psilocybin, Psiloecyn	None	Magic mushrooms, shrooms	None	None	Degree Unknown	Yes,	Oral	4–6 hrs.	Like LSD but gentler	• Similar to LSD • More strongly visual • Less intense • More euphoric • Fewer panic reaction • Less change in thought mood, and sense of self	Not reported	
	MDA Methyl-dioxym-phetamine	None		None	None	Degree Unknown	Yes	Oral, injected, sniffed,	8–12 hrs.	• Feeling of relaxation and physical well-being • Sweating • Tension in jaw and facial muscles • Skin reaction • Alleged aphrodisiac	• Feelings of esthetic delight, empathy, serenity, joy, insight • Self awareness without perceptual change, loss of control, or depersonalization • Eliminates anxiety and defensiveness • Invites self-exploration/ LSD demands • Age-regression • Relives childhood experiences • Affectionate • Melting boundaries with others • Distorts perception less • Causes fewer unpleasant emotions	Not reported	
	DMT							Oral, injected, smoked,	30 min.	• Resembles LSD • Dilated pupils • Heightened blood pressure *Above symptoms more intense than with LSD*	• Resembles LSD but more intense • Thoughts and visions crowd in at a great speed • Sense of transcending time • Objects lose form and dissolve into a play of vibrations	Not reported	

Continued

Drug Reference Chart

	DRUGS	PRESCRIBED BRAND NAMES	COMMON STREET NAMES	MEDICAL USE	DEPENDENCE POTENTIAL PHYSICAL	DEPENDENCE POTENTIAL PSYCHOLOGICAL	METHOD OF TOLERANCE	METHOD OF ADMINISTRATION	DURATION OF EFFECTS	POSSIBLE EFFECTS	EFFECTS OF OVERDOSE	WITHDRAWAL SYMPTOMS	EFFECTS OF EXTENDED USE
Depressants & Sedative – Hypnotics	Alcohol	Beer, wine, spirits	Booze, juice, sauce		High	High	Yes	Oral	1 hr. per drink	Relaxation Euphoria, loss of inhibition, slurred speech, loss of muscular coordination	Shallow breathing, irregular pulse, coma, possible death	Irritability, depression, insomnia, nausea, seizures	Alcoholism, Heart, brain, liver damage, malnutrition, gastro-intestinal disorders, circulatory problems, mental and emotional problems leading to personality disorders
	Barbiturates	Fiorinal		Tension headache, muscle contractions	Moderate	Moderate	Yes		4–6 hrs.	• Slowed mental functioning • Slowed physical activity • Relation • Drowsiness • Slurred speech • Loss of coordination • Impaired thinking • Poor concentration • Memory disturbances • Decreased reaction time • Poor judgement • Limited attention span	• Somnolence • Confusion • Shallow respiration • Cold, clammy skin • Loss of deep tendon reflexes • Decreased/absent response to painful stimuli • Difficulty in arousal • Shock • Dilated pupils • Low blood pressure • Coma • Death • Temporary loss of breath	*12–24 hours* • Tremors (coarse and rhythmic) • Weakness • Insomnia • Sweating • Restlessness • Nausea & vomiting • Anorexia • Dry mouth • Headache • Malaise • Frequent dreaming • Nightmares • Restless sleep • Deep tendon hyperreflexia • Apprehension • Acute anxiety • Irritability • Remorsefulness • Depression *24–72 hours* • Muscle spasms • Spsmodic jerking of extremities • Grand mal seizures *3–8 days* • Hallucinosis ("The Horrors") visual, haptic (tabtile), auditory, often persecutory in nature • Delirium tremens NOTE – Valium, librium, etc. • Onset of withdrawal delayed • Symptoms minimal for first 5 days; peak between 5th – 9th day.	• Eye-jerking • Double vision • Crossed eyes • Pseudoptosis • Dizziness • Positive Romberg sign • Low strength • Decreased superficial and deep tendon reflexes • Pupil response and sensations unaltered • Decreased REM sleep • Thick slurred speech • Signs of overdose
	Meprobamate	Phenobarbital	Barbs	Anti-convulsant, sedation	High	High	Yes		1–16 hrs.				
		Amytal, Bulisol	Downers	Sleep sedation	High	High	Yes	Oral, anal	4–8 hrs.				
		Nembutal	Yellow Jackets										
		Seconal	Reds						2–6 hrs.				
		Tuinal	Tueys						4–8 hrs.				
	Tranquilizers (Benzodiazepenes)	Valium	V's	Anti-anxiety sedation, sleep	High	High	Yes	Oral, injected	4–12 hrs.	• Disinhibition of impulses • Labile mood swings • Exaggerated personality traits • Irritability • Combativeness • Release of sexual and aggressive impulses (high doses) • Bizarre and paranoid thoughts • Erratic and suicidal behavior	NOTE: • Doriden & Placidyl remains in stomach longer – reabsorption can lead to coma		
		Librium, Tranxene, Serax Xanax											
		Miltown, Equanil		Anti-anxiety sedation, muscle relaxant	High	High	Yes	Oral	4–8 hrs.				
	Other depressants	Quaaludes, Doriden, Placidyl, Noludar Noctec, Lorinal, Dalmane	Ludes	Sedation, sleep, anti-anxiety	High	High	Yes	Oral	4–8 hrs.				
				Sleep, sedation	Moderate	Moderate	Probable	Oral	5–8 hrs.				
				Sleep, hypnosis	Moderate	Moderate	Yes	Oral	4–16 hrs.				
Stimulants	Cocaine Hydrochloride	Cocaine	Coke, Toot, Snow, Blow, Lady, Crack	Local anesthetic		High	Yes	Injected, sniffed, smoked	1 hr.	• CNS effects – Cardiac effects • Increased sense of mastery, capacity • Increased blood pressure • Increased pulse	• Seizures; respiratory collapse; cardiac arrest Florid hallucinations (all modes)		Paranoia, Cocaine psychosis (hallucination of touch, sight, taste or smell), seizures, death
	Amphetamines	Benzedrine, Dexedrine	Speed, uppers	Hyperkinesis for children, Narcolepsy, Mild depression	Possible	High	Yes	Oral, injected, sniffed	2–4 hrs.	• Mood Elevation • Sense of energy and alertness • Decreased appetite • Sense of improved task performance • Anxiety, irritability • Insomnia • Transient drowsiness *IV Use:* • Enhanced physical strength and mental capacity • Delayed orgasm • Subjective rush	*Escesive Stimulation:* • Restlessness, dizziness, increased reflexes, tremor, insomnia, irritability, confusion, assaultiveness, hallucinations, panic states. Chills, pallor or flushing, sweating, palpitation, Hypertension or hypotension, arrhythmias, anginal pain, circulatory collapse, nausea, vomiting, diarrhea abdominal cramps. Convulsion, coma. *Excessive Stimulation:* (see above) *Excessive Sedation:* (from amobarbital) • Respiratory depression Decreased superficial & deep reflexes Decreased urine formation.	• Drug craving • General fatigue • Prolonged sleep (12–24 hours) • Depression • Lack of energy • Suicidal ideation • Craving for food High doses – crashes	• Grinding teeth • Touching and picking face and extremeties • Suspiciousness – paranoia • Stereotyped repetitious behavior • Preoccupations • Toxic psychosis Compulsive behavior, Vivid auditory, visual sometimes tactile hallucinations • Delusions of parasitosis (formication) • Looseness of associations • Slight elevation of blood pressure • Hypertensive crisis may occur
	Non-Amphetamines	Desoxyn	Methedrine, Speed										
		Biphetamine	Black beauties Speed										
		Didrex	Speed	Mild Dep.	Possible	Possible	Yes						
		Dexamyl	Speed	Mild Dep.									
		Preludin		Weight control	Possible	High	Yes	Oral	2–4 hrs.				
		Ritalyn Hydrochloride		Hyperkinesis in children, Narcolepsy, Mild Dep.	Possible	High							
		Crossroads	Crossroads	None									
		Cylert		Mild brain damage	Unlikely	Unlikely	Yes		8–24 hrs.				

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